

# General Information Brochure

## The Kansas Health Care Stabilization Fund

The Board of Governors of the Health Care Stabilization Fund welcomes you to the Kansas health care delivery system. Information presented in this brochure will help you understand:

- the Health Care Stabilization Fund;
- which health care providers participate in the Health Care Stabilization Fund;
- how health care providers participate in the Health Care Stabilization Fund;
- what coverage is provided by the Health Care Stabilization Fund; and,
- where you can get additional assistance with any matter related to basic professional liability insurance or the Health Care Stabilization Fund.

Administration of the Health Care Stabilization Fund is the responsibility of the Fund's Board of Governors. This board is comprised of ten members who are representatives of the health care providers who participate in the Health Care Stabilization Fund. In their administration of the Fund, every attempt is made to maximize its efficiency, effectiveness and service to its participating health care providers.



THIS BROCHURE IS  
PUBLISHED BY:  
THE BOARD OF  
GOVERNORS OF THE  
HEALTH CARE  
STABILIZATION FUND  
300 SW 8TH AVE 2ND FLR  
TOPEKA, KANSAS  
66603-3912

[www.hcsf.org](http://www.hcsf.org)

FUND TELEPHONE NO.  
785-291-3777

Fax No. 785-291-3550

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## BRIEF HISTORY OF THE HEALTH CARE STABILIZATION FUND

Kansas health care providers were confronted with medical professional liability problems in the mid 1970's that resulted from changes in the legal, medical, social and economic environments. The impact of these changes adversely affected the availability or cost of medical professional liability coverage for certain classes of health care providers.

In 1975 and 1976, representatives of Kansas health care provider groups, the Kansas Insurance Department and the legislature worked together to resolve these problems by creating the Health Care Provider Insurance Availability Act. This 1976 law included the following major provisions:

- created the Health Care Stabilization Fund to provide excess professional liability coverage for defined health care providers;
- mandated a basic professional liability insurance requirement for defined health care providers; and,
- established an Availability Plan to provide the required basic professional liability insurance for those health care providers who could not obtain such coverage from commercial insurers.

Although the same availability problems do not exist today, the unpredictable nature of medical professional liability coverage availability, the unique beneficial coverage provisions of the Fund, and the actuarial soundness have warranted the continuation of the Kansas Health Care Stabilization Fund.



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### Notes:

**Fund** means the Health Care Stabilization Fund.

**Fund law** means the Health Care Provider Insurance Availability Act (K.S.A. 40-3401 et seq.).

**Availability Plan** means the Health Care Provider Insurance Availability Plan.

**Basic professional liability insurance** is a policy of professional liability coverage of not less than \$200,000 per claim, subject to not less than \$600,000 annual aggregate for all claims made during the policy period.

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## WHICH MEDICAL PRACTITIONERS AND HEALTH CARE FACILITIES ARE AFFECTED BY THE FUND LAW?

The Fund law includes the following categories of health care providers in its definition of health care provider:

- Medical Doctors, Doctors of Osteopathic Medicine and Chiropractors who are licensed or hold a temporary permit issued by the Kansas Board of Healing Arts (does not include those individuals who have been issued an exempt license, inactive license, military license, visiting clinical professor license, a special permit (out-of-phase) or federal active license).
- Podiatrists (does not include those individuals who have been issued an exempt license, inactive license or federal active license).
- Persons engaged in a postgraduate training program which is approved by the Kansas Board of Healing Arts.
- Registered Nurse Anesthetists, including temporary authorizations.
- Medical Care Facilities (general hospitals, critical access hospitals, special hospitals, surgical centers or recuperation centers licensed by the Kansas Department of Health and Environment).
- Mental Health Clinics or Centers (but not any state institution for the mentally retarded or any state psychiatric hospital).
- Psychiatric Hospitals (selected facilities only).
- Dentists who have been certified by the Kansas Board of Healing Arts to administer anesthetics.\*
- Kansas Professional Corporations organized by persons who are defined health care providers.\*
- Partnerships of persons who are defined health care providers.\*
- Kansas Limited Liability Companies organized for the purpose of rendering professional services by its health care provider members.\*
- Kansas not-for-profit corporations organized for the purpose of rendering professional services by persons who are health care providers.\*

*\*These categories of providers will be carefully reviewed to determine if they qualify for Fund participation.*



## **FUND GUIDELINES FOR KANSAS HEALTH CARE PROVIDERS**

Health care providers who engage in rendering professional services in Kansas are subject to the basic professional liability insurance and Fund surcharge requirements. This applies to health care providers who are Kansas residents and to non-resident health care providers who are rendering professional services in Kansas.

Resident health care providers obtain the basic professional liability insurance from an insurer that is authorized to write business in Kansas or the Kansas Health Care Provider Insurance Availability Plan (Availability Plan). The insurer is responsible for calculating the surcharge amount based on the Fund's coverage limit selected by the provider, the rating classification code of the provider and the number of years the provider has been in compliance with the Fund. The insurer collects the Fund's surcharge payment along with the premium for the basic professional liability insurance coverage and remits the surcharge to the Fund without any reductions for commissions, collections or processing expenses.

Non-resident health care providers who render professional services in Kansas comply with the Fund directly by completing the Fund's non-resident coverage form. The surcharge payment is submitted to the Fund with the completed non-resident coverage form and a copy of the current primary policy certificate of insurance. Individual non-residents or their representatives may contact the Fund to obtain the necessary compliance forms and related instructions. (Also available on the Fund Internet web site: [www.hcsf.org](http://www.hcsf.org).)

Health care providers who live in Kansas and hold an active Kansas license or registration, but practice solely in another state, are required to comply with the Fund. Kansas resident health care providers are provided Fund coverage for their out-of-state practice, even though they do not render services in Kansas. If a resident health care provider does not wish to maintain Fund compliance or pay the surcharge, they must discontinue their Kansas professional license or registration, or change their Kansas licensing status in a manner that is acceptable to their licensing agency.

Health care providers that are denied basic coverage from the voluntary insurance market may obtain basic coverage from the Availability Plan. For more information about the Availability Plan, please see page 6 of this brochure.

These general guidelines should be helpful to most health care providers; however, health care providers may contact the Fund for additional assistance. A listing of Fund employees, state professional associations and Kansas licensing agencies are included on pages 9 and 10 of this brochure.



## **KANSAS RESIDENT HEALTH CARE PROVIDERS PRACTICING IN MISSOURI**

An additional amount equal to 25% of the surcharge shall be added to the surcharge payment of the Kansas resident health care provider who is licensed (registered, etc.) in Missouri.



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**The Address of the Health Care Stabilization Fund is:**  
300 S.W. 8th Avenue, 2nd Floor  
Topeka, Kansas 66603-3912

**If you wish to contact the Health Care Stabilization by telephone, please dial: 785-291-3475 for help with Fund coverage questions; or 785-291-3410 for assistance with issues relating to claims.**

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## OVERVIEW OF THE FUND AND GENERAL REQUIREMENTS

Excess professional liability coverage is the primary function of the Fund. Typically, the Fund's excess professional liability coverage is "triggered" when the basic professional liability insurer's projected loss exposure exceeds \$200,000 per claim.

The Fund's legal staff monitors all claims and suits filed against Kansas health care providers and attends claim settlement conferences even though the Fund's coverage has not yet been triggered. Because the Fund monitors all professional liability claims brought against health care providers, our legal staff can often assist providers who become involved in a professional liability claim.

Each of the available Fund coverage limits are comprised of two dollar amounts. The Fund coverage limits are \$100,000/\$300,000; \$300,000/\$900,000 or \$800,000/\$2,400,000. Using the maximum Fund coverage limit as an example, \$800,000 is the amount of loss payment available for each claim and \$2,400,000 is the total annual amount of loss payments for all claims made during a Fund coverage year. Fund coverage limits are always excess over any other available professional liability coverage. Claim expenses and defense costs are covered by the Fund with no limitation.

In addition to this primary purpose, the Fund law also provides for the following professional liability coverage features:

- Requires all basic professional liability insurers to include prior acts coverage in their basic professional liability insurance coverage. This provision of the law eliminates the need for Kansas health care providers to purchase reporting endorsement coverage (also known as "tail" coverage) when changing basic professional liability insurers.
- Requires that all basic professional liability insurers provide professional liability insurance for the overall or total professional services rendered by a Kansas health care provider. In most other states, insurers may be allowed to sell professional liability policies which may restrict the professional liability coverage to a specific location or the professional services rendered for a specific employer. In other states, and prior to the existence of the Kansas Fund law, many health care providers maintained two or more professional liability insurance policies in order to cover their total professional liability exposures.
- Fund "tail" coverage for qualified inactive health care providers is an important feature of the Fund and is explained in a separate section on page 7 of this brochure. This coverage feature eliminates the need for most health care providers to purchase "tail" coverage for their discontinued basic professional liability insurance when they become inactive health care providers in Kansas.
- Fund coverage for eligible resident health care providers is applicable to their professional services wherever rendered. Eligible non-resident health care providers are afforded Fund coverage for only their Kansas professional services.
- The Fund law also creates special self-insurance programs to provide the basic coverage for the full-time faculty members, foundations and individuals engaged in the residency training programs of the University of Kansas Medical Center and certain affiliated programs, and for certain non-profit corporations organized to administer graduate medical education programs.
- The Fund provides the "financial back-up" for the Availability Plan. The Availability Plan provides the required basic coverage for those health care providers who can not obtain the required basic professional liability insurance from commercial insurers.

The above coverage features of the Fund are often overlooked. The benefits of these coverage features and other provisions are key reasons why the Fund continues to exist.

Without the presence of the Fund, health care providers would be confronted with basic professional liability coverage issues, including claims made tail coverage, continuity of basic professional liability insurance coverage between insurance companies and coverage availability problems.



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## FUND COVERAGE LIMITS AND HOW THOSE LIMITS APPLY TO YOUR PROFESSIONAL PRACTICE

The Fund coverage limit is based on when the incident occurred, not when the claim was made or the suit was filed. For example, a health care provider first complies with the Fund on January 1, 1994 and selects the \$100,000/\$300,000 coverage limit. On the policy renewal date of January 1, 1995, the health care provider received approval to increase their Fund coverage limits to \$800,000/\$2,400,000. In 1996 a claim was made based on care rendered in 1994. The health care provider has \$100,000 Fund excess coverage for this claim. The coverage limits selected for specific compliance periods remain in effect for future claims or suits which are covered by the Fund.

Claims made or suits filed against health care providers actively practicing, or eligible inactive health care providers who have qualified for the Fund's continuing coverage, are provided coverage for those services rendered or failed to be rendered during any period the health care provider complied with the Fund. Resident health care providers (i.e., those whose legal residence is in Kansas) who comply with the Fund are provided coverage from the Fund for judgments or settlements which exceed the required basic professional liability coverage for their services rendered inside and outside of Kansas. For non-resident health care providers (e.g., a provider who lives in Missouri and practices in Kansas), the Fund's coverage is only available for those professional services rendered in Kansas.

If you need additional assistance in understanding the Fund coverage limits, contact your insurance agent, your insurance company representative or the Fund.



### WHICH FUND COVERAGE LIMIT SHOULD BE SELECTED BY A HEALTH CARE PROVIDER?

All health care providers complying with the Fund must select one of the three available coverage limits. Most health care providers select the maximum Fund coverage limit. An individual health care provider may be required to carry the highest Fund coverage limit by H.M.O.'s, P.P.O.'s, hospital credentialing committees, etc.

Once a health care provider has made a coverage level selection it will continue from year to year, unless the health care provider decreases the coverage limit or makes a written request to increase their previously selected coverage limit. **Health care providers who wish to increase their coverage limit selection must make written application for approval to the Health Care Stabilization Fund Board of Governors.**

An application to increase or decrease your Fund coverage limits may be obtained by contacting the Fund's Compliance Section (telephone number 785-291-3593 or 785-291-3411 ).

The Fund surcharge rates are published annually in a special newsletter issued by the Fund and are available on the internet web site of the Fund ([www.hcsf.org](http://www.hcsf.org)). Health care providers and others may obtain a copy of this newsletter from the Fund office.

<b>Health Care Stabilization Fund Coverage Limits Available</b>
\$800,000/\$2,400,000
\$300,000/\$900,000
\$100,000/\$300,000

### IS EXCESS PROFESSIONAL LIABILITY INSURANCE BEYOND FUND COVERAGE LIMITS NEEDED?

This is an individual decision to be made by each health care provider. Excess professional liability insurance beyond the Fund coverage limit is available from most basic professional liability insurance companies. Excess professional liability insurance is usually provided on a claims made basis. Health care providers should give careful consideration to the associated premium costs, including the cost of the policy's excess "tail" coverage.



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## WHY DOES THE FUND LAW REFER TO ACTIVE AND INACTIVE HEALTH CARE PROVIDERS?

These terms are used in the Fund law to establish how the coverage of the Fund will be applied to a claim or suit made against a health care provider. **Active** health care providers are those individuals and entities engaged in rendering professional services and maintain the basic professional liability insurance. For active health care providers, the Fund coverage is excess of the primary policy. **Inactive** health care providers are individuals and entities who no longer maintain basic professional liability insurance solely because they are no longer rendering professional services as a health care provider. The Fund provides first dollar defense and first dollar loss costs for **eligible inactive** health care providers. (Note: Coverage available from the Fund is excess of any other coverage which may be available.)

This difference in the application of the Fund coverage is important to Kansas health care providers because it removes the need for Kansas health care providers to purchase “tail” coverage from their basic professional liability insurer. Health care providers who become *inactive* are provided Fund “tail” coverage without any additional cost if the provider has complied with the Fund for at least five years (post graduate training compliance periods do not count toward this five year requirement). Health care providers with less than five years of Fund compliance may purchase Fund “tail” coverage (see page 7).

It is mandatory that *active* health care providers maintain basic professional liability insurance and comply with the Fund. The Fund provides its continuing tail coverage only for those qualified *inactive* health care providers. As stated in the Fund law, an *inactive* health care provider means “a person or other entity who purchased basic coverage or qualified as a self-insurer on, or subsequent to, the effective date of this act but who, at the time a claim is made for personal injury or death arising out of the rendering of or the failure to render professional services by such health care provider, does not have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider”.



### OBTAINING BASIC PROFESSIONAL LIABILITY COVERAGE FROM THE AVAILABILITY PLAN

Any health care provider who is currently licensed to render professional services in Kansas may obtain basic professional liability insurance from the Health Care Provider Insurance Availability Plan if the provider has been denied basic coverage from the voluntary insurance market. Any licensed insurance agent should be able to provide assistance in making application to the Availability Plan. The Availability Plan is administered by the Kansas Medical Mutual Insurance Company of Topeka, Kansas (telephone 785-232-4740 or 1-800-232-2259).

This Availability Plan is one of the key features of the Fund law. Without this Availability Plan, some Kansas health care providers would be required to seek the basic professional liability insurance from non-admitted insurers. Even then, it is likely that some individual health care providers would not be able to obtain professional liability insurance.



### DOES BASIC PROFESSIONAL LIABILITY INSURANCE AND FUND COVERAGE ALSO COVER OTHER INDIVIDUALS?

The Fund provides professional liability coverage for only defined health care providers. As stated in the Fund law the definition of *professional liability insurance* reads, “. . . insurance providing coverage for legal liability arising out of the performance of professional services rendered or which should have been rendered by a health care provider”.

Some insurers may make available an additional coverage limit for the health care provider’s medical assistants and non-health care provider employees.



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## HOW DOES THE FUND BECOME AWARE OF SUITS AND CLAIMS MADE AGAINST HEALTH CARE PROVIDERS?

Plaintiffs filing a medical malpractice action against a defined health care provider in this state must serve a copy of the petition upon the Fund's Board of Governors within ten days of filing the action. If any action is filed against a resident health care provider outside of this state, the health care provider or the health care provider's insurance company must notify the Board of Governors as soon as reasonably practical.

If a claim is made without formal legal action being filed, the provider should notify their insurance company and the Fund's legal section as soon as reasonably possible.

All inactive health care providers should contact the Fund as soon as they have any notice of a claim, regardless of whether or not actual court proceedings have been commenced by the filing of a petition.

Any health care provider, active or inactive, who is sued outside of Kansas has an obligation to notify the Health Care Stabilization Fund.



## HOW IS CONTINUING "TAIL" COVERAGE FROM THE FUND OBTAINED?

A health care provider who complies with the Fund for five or more years\* and then becomes an inactive health care provider is eligible for the Fund's continuing coverage without any additional surcharge payment. This continuing Fund coverage (often referred to as the Fund's "tail" coverage) provides coverage for future claims or suits made against an inactive health care provider for professional services rendered while the health care provider was in compliance with the Fund.

Health care providers with compliance periods of less than the required five year period may obtain the Fund's continuing tail coverage ***by paying an additional Fund surcharge amount within thirty days*** of becoming an inactive health care provider.

Because of the complexities of matters relating to the Fund's tail coverage provisions, health care providers are encouraged to contact the Fund's Compliance Section (phone no. 785-291-3593 or 785-291-3411) prior to the date of becoming an inactive health care provider.

*\*Fund compliance periods from a postgraduate program of residency training approved by the Kansas Board of Healing Arts are not included in computing the five year period.*



## EXCEPTIONS TO THE PAYMENT OF THE ADDITIONAL "TAIL" COVERAGE SURCHARGE

There are exceptions to the five year compliance requirement for health care providers who die, retire from active practice, become disabled or cease their Kansas practice due to circumstances beyond their control. In addition, the Fund's Board of Governors may grant temporary exemptions for health care providers who leave Kansas to obtain additional education or training, or to participate in religious, humanitarian or governmental service programs. Health care providers who desire an exemption to the five year compliance requirement must obtain prior approval from the Fund's Board of Governors by contacting the Fund's Compliance Section (phone no. 785-291-3593 or 785-291-3411).



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## **HOW DOES THE FUND DEFEND HEALTH CARE PROVIDERS?**

Active health care providers are provided legal defense from their respective basic coverage insurer or the administrator of their self-insured program. If the claim or suit exceeds the basic coverage limits, the Fund will continue to defend the health care provider. In most situations, the Fund continues the provider's defense with the same attorney utilized by the basic coverage insurer.

Inactive health care providers, whose basic coverage is no longer applicable to new claims and suits arising from their prior Fund compliance periods and who are qualified for the Fund tail coverage, rely on the Fund to appoint a defense attorney. Defense attorneys appointed by the Fund are experienced in defending medical professional liability cases.

If a health care provider has questions or concerns regarding the basic coverage insurer's defense or the Fund's defense activities relating to their specific claim or suit, the provider should contact the Fund's legal section at 785-291-3410.



## **SPECIAL COVERAGE FOR INDIVIDUALS ENGAGED IN UKMC AFFILIATED POSTGRADUATE TRAINING PROGRAMS AND WHO ALSO PARTICIPATE IN MOONLIGHTING ACTIVITIES**

Residents who engage in moonlighting activities which are not part of the residency training program must obtain basic professional liability insurance coverage for those activities. An occurrence or "occurrence-like" basic coverage policy is usually considered advisable for these moonlighting activities. One of the few sources for this "occurrence like" coverage is the Availability Plan. Application for Fund tail coverage for moonlighting activities of residents is usually submitted when the postgraduate training is completed and the doctor is no longer rendering professional services as a Kansas health care provider. Moonlighting residents should consider the Fund "tail" coverage provisions.



## **WHAT HAPPENS AFTER COMPLETING A KANSAS POSTGRADUATE TRAINING PROGRAM?**

All Kansas postgraduate training programs approved by the Kansas Board of Healing Arts provide continuing coverage for any future claims or suits that may result from the postgraduate training program. Therefore, a doctor entering practice after completing a Kansas postgraduate training program has the option to obtain the required basic professional liability insurance at a first year claims made rate. This means that health care providers leaving a postgraduate training program are afforded continuing tail coverage for their professional liability exposures arising from the postgraduate training program without regard to the required five year compliance requirement. (Note: This does not include tail coverage for any "moonlighting" activities conducted during the postgraduate training program. Some options are applicable, please contact your insurer or the Fund office for additional information.)



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## WHO ARE THE MEMBERS OF THE FUND BOARD OF GOVERNORS?

Members of the Board of Governors are appointed by the Insurance Commissioner from a list of nominees submitted by their professional societies and associations. Board members are appointed for a term of four years; however, the terms of office have been staggered to avoid the replacement of the entire Board of Governors due to the simultaneous expiration of all board member appointments.

The current board members are:

**Arthur D. Snow, Jr., M.D., Chairperson**, is a physician in the Kansas City area. He was appointed to the Board in July, 2002. Dr. Snow represents medical doctors.

**Jimmie Gleason, M.D., Vice Chairperson**, is a retired OB/GYN in Topeka. Dr. Gleason was instrumental in the creation of the Kansas Medical Mutual Insurance Company and the Health Care Stabilization Fund. Dr. Gleason was appointed to the Board on July 1, 2004.

**Larry Shaffer** represents hospitals. Mr. Shaffer lives in Topeka and was appointed to the Board of Governors on July 1, 2003.

**Amy M. Nachtigal, C.P.A.** is the Chief Financial Officer at Saint Luke's South Hospital. Ms. Nachtigal represents hospitals and was appointed to the Board July 1, 2010.

**Timothy Bolz, D.C.**, is a chiropractor in Topeka and was appointed to the Board of Governors on July 1, 2003.

**Steve Clifton, CRNA**, practices in Topeka as a Certified Registered Nurse Anesthetist. Mr. Clifton was appointed to the Board of Governors on July 1, 2004.

**Elaine L. Ferguson, D.O.**, was appointed to the Board of Governors July 1, 2003. Dr. Ferguson is on staff at Comcare, P.A., a health care organization that offers comprehensive health care services to patients in the Salina area.

**Steven C. Dillon, M.D.**, is an internist in Lawrence, Kansas. Dr. Dillon represents medical doctors and was appointed to the Board of Governors on July 1, 2005.

**Deborah M. Burns, D.O.**, is the Medical Coordinator of the Emporia State University Student Health Center and previously worked as an emergency medicine physician. Dr. Burns was appointed to the Board on July 1, 2004.

**J. Michael Frost** represents hospitals. Mr. Frost is a former hospital administrator. He is currently with Great Plains Health Alliance in Wakeeney, Kansas. Mr. Frost was appointed to the Board on July 1, 2008.

(This list was correct at the time of the printing date of this brochure. Please refer to the Fund Internet site at [www.hcsf.org](http://www.hcsf.org) for a current list of Board Members.)



## WHO ARE THE EMPLOYEES OF THE FUND?

**Charles L. Wheelen, Executive Director**

Rita L. Noll, Chief Attorney

Jennifer Sherber, Attorney

James W. Clark, Attorney

Wendy Hug, Legal Assistant

Tammy Mentzer, Legal Assistant

Cherryl Smith, Legal Assistant

Lise Ullery, Chief Financial Officer

Betsy Hoke, Accountant III

Linda Johnston, Sr. Admin. Assistant

Julie Hall, Accounting Specialist

Lorie Anderson, Compliance Supervisor

Laura Ray, Compliance Administrator

Jurina Watts, Compliance Administrator

Patsy Bartee, Compliance Auditor

Mary Ellen Kilgore, Admin. Assistant

Linda Griffin, Admin. Assistant

Scott Davison, Information Technology Officer



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## **IF ADDITIONAL ASSISTANCE IS NEEDED, WHO SHOULD BE CONTACTED?**

If your question is related to the Fund, one of the following Fund employees should be able to provide additional information or assistance:

**General coverage and compliance questions**, including how to calculate the Fund surcharge and related matters:

Lorie Anderson, (785) 291-3475

**For assistance with legal questions**, please contact:

Rita Noll, Chief Attorney, (785) 291-3407

For other assistance, or if you can not reach the above Fund employees, please contact: Charles L. Wheelen, Executive Director, (785) 291-3595.

You may also send your questions or comments to the Fund by Fax: (785) 291-3550 or by email: [linda.johnston@hcsf.org](mailto:linda.johnston@hcsf.org)



## **HELPFUL NAMES AND ADDRESSES OF KANSAS PROFESSIONAL ASSOCIATIONS AND SOCIETIES**

Tom Bell, Executive Director  
Kansas Hospital Association  
215 S.E. 8th Avenue, Topeka, KS 66603  
Telephone Number (785) 233-7436

Kenyon Erickson, D.C., President  
Kansas Chiropractic Association  
1334 S.W. Topeka Blvd., Topeka, KS 66612  
Telephone Number (785) 233-0697

Wayne Probasco, Executive Secretary  
Kansas Podiatric Medical Association  
615 S.W. Topeka Blvd., Topeka, KS 66603  
Telephone Number (785) 354-7611

Nancy Whitson, CRNA, President  
Kansas Association of Nurse Anesthetists  
2866 Wilderness Ct., Wichita KS, 67226

Jerry Slaughter, Executive Director  
Kansas Medical Society  
623 S.W. 10th, Topeka, KS 66612  
Telephone Number (785) 235-2383

Robert R. Williams, Executive Director  
Kansas Association of Osteopathic Medicine  
1260 S.W. Topeka Blvd., Topeka, KS 66612  
Telephone Number (785) 234-5563

## **HEALTH CARE PROVIDER LICENSING AGENCIES, ADDRESSES AND TELEPHONE NUMBERS**

***For M.D., D.O., D.C. and D.P.M.***  
Kansas Board of Healing Arts  
Jack Confer, Executive Director  
235 S. Topeka Blvd., Topeka, KS 66603  
(785) 296-7413

***For Registered Nurse Anesthetists***  
Board of Nursing  
Mary Blubaugh, MSN, Exec. Administrator  
Landon State Office Building, 5<sup>th</sup> Floor  
900 SW Jackson, Room 551-S, Topeka, KS  
66612-1230  
(785) 296-4929

***For Medical Care Facilities***  
Kansas Department of Health and Environment  
Bureau of Child Care & Health Facilities  
Curtis State Office Building  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1365  
(785) 296-1240

***For Mental Health Centers & Clinics***  
Department of SRS  
Health Care Policy Division  
Mental Health and Developmental Disabilities  
Docking State Office Building  
915 SW Harrison, 5th Floor-North, Topeka, KS 66612  
(785) 296-3773



## **TEN THINGS YOU CAN DO TO AVOID A MALPRACTICE CLAIM**

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**Be competent.** Nothing can help more than the rudimentary principle of mastering the skills necessary to accomplish the task at hand or refer the patient elsewhere.

**Treat your patients with kindness and respect, listen to their concerns.** A good relationship with your patients will do more than almost any other risk management tool.

**Informed consent.** Take the time to explain to your patient what the risks of a procedure are.

**Medical records.** They must be complete, accurate, timely and objective. Many a practitioner did everything right but failed to record it, resulting in a loss and a data bank report. Failing to make appropriate medical records is like playing a game of poker where you throw away your cards as soon as they are dealt, no matter how good the hand was—you cannot win! Make all entries, additions and corrections with the greatest of clarity and integrity so it is clear to all who read the record that every effort was made to accurately chronicle the patient's care.

**Communicate with your patient.** Make sure your patient's calls are answered by someone in a timely manner and make sure they know you care. An extra unsolicited telephone call to a patient will impress them and, if not, will certainly impress a jury.

**Qualified independent consultations with other health care providers provides a strong line of support before the injury ever occurs.**

**Have a chaperone when seeing a patient of the opposite gender.**

**Checklists are always helpful for chart and patient care management.** For example, a detailed checklist for admission and discharge of a hospitalized patient could prevent many an embarrassing error.

**Your staff and the people you work with must be competent.** Everyone, your billing and business staff, support staff, even the custodial services must relate a competency and courtesy in all of their dealings with the patient. Professionalism may go unnoticed but sloppy business practices will be associated with you and your work immediately.

**Take care of yourself.** No one can operate professionally when they are exhausted, ill or suffering from substance abuse.

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**Visit the Fund on the Internet at  
[www.hcsf.org](http://www.hcsf.org)**